Referral Instructions to Washington University
Maternal-Fetal Medicine & Ultrasound and Genetics for
PHYSICIANS USING EPIC

- This is the Ambulatory view
- Submit ONE IMG Code per visit (use codes below for reference)
- Opportunity to include additional ultrasounds, visits & instructions in "Scheduling Instructions" (Sched Inst.) Box

### OBSTETRIC ULTRASOUND
- Standard **IMG2907** (gest. age assignment/anatomic svy) (19–20 weeks)
- Specialized **IMG534** (Including, but not limited to: known or suspected anatomic or genetic abnormality or increased risk for same; AMA; IDDM; obesity, drug exposure; presence of ultrasound markers; MC twins)
- Rule out Ectopic/PUL **IMG2909**
- Viability/Dating < 14 weeks **IMG2909**
- First Look **IMG2912** (11-13.6 weeks) Nuchal Translucency measurement
- Growth/Repeat **IMG2910** (Re-evaluation fetal size and/or re-examination of specific organs(s) known or suspected to be abnormal)
- Biophysical profile **IMG2719**
- Cervical length **IMG2911**
- Umbilical and/or fetal Doppler **IMG2919**
- Limited **IMG2909** (AFV, fetal position, placental location, FHM, rule out ectopic, other)

### GYNECOLOGIC ULTRASOUND
- TA and/or TV **IMG2722**
- SIS (Saline Infusion Sonography) **IMG2721**

### DIAGNOSTIC TESTING *Blood type required*
- Amniocentesis (15–20 weeks) **IMG2712**
- CVS (10–13 weeks) **IMG562**
- Fetal lung maturity **IMG2712**
  **Only Order U/S guidance Do NOT order procedure also**

### GENETIC COUNSELING
- Order for genetic counseling: **IMG9999**
  - In “Sched Inst.” box type:
    - Pre-conception counseling - or
    - First Look counseling - or
    - Counseling with diagnostic testing
ULTRASOUNDS & GENETIC COUNSELING ORDERS

For follow up please send note to scheduling pool: WU OB MFM SCHEDULING or call 314-454-8181
Pre-Pregnancy Consult - or
OB consult (submit U/S order IMG 534 after this referral) - or
Transfer of care (submit U/S order IMG 534 after this referral) - or
Fetal care (submit U/S order IMG 534 after this referral)

**Don’t forget to submit U/S order after submitting this referral if needed**